



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: May 03, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014463

[REDACTED]

Dear [REDACTED],

On March 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 16, 2016 eligibility determination notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 03, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014463



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH and ineligible for advanced payments of the premium tax credit (APTC) or cost-sharing reductions, effective January 1, 2017?

Procedural History

On December 15, 2016, you updated your household's application for financial assistance with health insurance.

On December 16, 2016, NYSOH issued an eligibility determination stating that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017. The notice stated that you and your spouse were not eligible to receive APTC or cost-sharing reductions because APTC was paid to your health insurance company to reduce your premium costs in a prior year and NYSOH could not ascertain if a federal tax return was filed for that year.

On December 30, 2016, you spoke to NYSOH's Account Review Unit and appealed this determination insofar as you and your spouse were found ineligible for APTC.

On January 30, 2017, NYSOH issued a notice confirming your and your spouse's enrollment in the qualified health plan you selected on January 26, 2017, with a plan enrollment start date of March 1, 2017.

On March 27, 2017, you were scheduled for a telephone hearing with a Hearing officer from NYSOH's Appeals Unit. You requested that day that the hearing be adjourned to a later date.

On March 28, 2017, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the hearing. The record was developed during the hearing and left open for thirty days to allow you time to submit supporting documentation, specifically, the Hearing Officer requested that you submit your IRS tax transcript for your 2015 tax return.

On April 7, 2017, you uploaded the IRS tax transcript for your 2015 tax return. This document is marked as Appellant's Exhibit #1 and incorporated into the record. The record is now closed.

On April 13, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On April 14, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for APTC of up to \$641.00 per month as well as cost-sharing reductions if you selected a silver level qualified health plan for enrollment for a limited time, effective May 1, 2017. The notice directed you to submit income documentation for your household by June 12, 2017 to confirm your child's eligibility and by July 12, 2017 to confirm your and your spouse's eligibility for financial assistance.

Also on April 14, 2017, NYSOH issued a notice confirming your and your spouse's enrollment in your qualified health plan with a plan enrollment start date of March 1, 2017. This notice also stated that your and your spouse's APTC would be applied to your monthly premium as of March 1, 2017.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that you are seeking APTC for yourself and your spouse as of February 1, 2017, and that your child's coverage is not at issue.
- 2) Your NYSOH account reflects that APTC was paid on your and your spouse's behalf in 2015.

- 3) On December 4, 2016, your 8962 for 2015 was uploaded to your NYSOH account. On December 5, 2016, your 2015 amended tax return was uploaded to your NYSOH account [REDACTED].
- 4) You testified that you did have an extension to file your 2015 tax return, and that you filed your return prior to the extension deadline.
- 5) You testified that you initially filed your 2015 tax return at some point in October 2016. However, you later learned there was an issue with your return, as you had not filed form 8962. You testified that you filed an amended return on December 5, 2016 or December 6, 2016, but you received this back as it had not been signed. You further testified that your signed and completed amended 2015 tax return was filed again in early January 2017.
- 6) You testified that you plan to file a tax return for 2017.
- 7) You testified that you file your tax returns as married filing jointly and claim one dependent on those returns.
- 8) On April 7, 2017, your IRS tax transcript for your 2015 tax return was uploaded to your NYSOH account. The first page of the transcript indicates that your 2015 tax return was received by the IRS on October 17, 2015. The transcript does not include information from your 1095A, nor does it contain an indication that form 8962 was completed at the time of this filing.
- 9) On April 13, 2017, NYSOH reviewed the IRS tax transcript for your 2015 tax return and determined that this was insufficient proof of your household income.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Verification of Eligibility for Advance Payments of the Premium Tax Credit

Generally, NYSOH must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

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APTC are generally available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

People who use APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

NYSOH may not determine a tax filer eligible for APTC if APTC was paid on the tax filer's behalf in a previous year, and a tax return was not filed for that previous year (45 CFR § 155.305(f)(4)).

For all individuals whose household income is needed, NYSOH must request tax return data from the Secretary of the Treasury and data regarding Social Security benefits from the Commissioner of Social Security in order to confirm that the information the applicant is attesting to is accurate (45 CFR § 155.320(c)(1)(i); 45 CFR § 155.320(c)(3)(ii)(A)).

Cost-Sharing Reductions

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a QHP through NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level QHP (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH and not eligible for advanced payments of the premium tax credit (APTC) or cost-sharing reductions, effective January 1, 2017.

On December 15, 2016, NYSOH received your household's application for financial assistance for 2017. On December 16, 2016, NYSOH issued a notice

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of eligibility determination stating that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017, and ineligible to receive APTC or cost-sharing reductions. This was because APTC was paid to your health insurance company on your behalf in a prior year and NYSOH could not ascertain if a federal tax return was filed for that year.

You submitted your IRS tax transcript for your 2015 tax return. This indicates that your 2015 tax return was initially filed on October 17, 2016. However, the transcript, as well as your testimony, indicate that at the time of your initial filing, you had not reconciled your 2015 APTC, which is reconciled on form 8962.

You testified that your amended tax return with form 8962 was ultimately filed in early January 2017.

Applicants who use APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income as stated on their NYSOH application, with their actual income as stated on their federal income tax return.

As you and your spouse received APTC in 2015, you and your spouse were required to file a tax return for 2015 and reconcile the APTC you received in 2015. As your 2015 APTC was not reconciled on your 2015 tax return at the time of your December 15, 2016 application or the December 16, 2016 eligibility determination, NYSOH properly determined that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH, and ineligible to receive APTC or cost-sharing reductions.

Therefore, the December 16, 2016 eligibility determination notice is AFFIRMED.

However, on April 13, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On April 14, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for APTC and cost-sharing reductions for a limited time, and directing you to produce income documentation for your household by June 12, 2017. Also on April 14, 2017, NYSOH issued an enrollment confirmation notice stating that your and your spouse's APTC would be applied to your monthly premium as of March 1, 2017.

As you submitted a copy of your 2015 amended tax return on December 5, 2016, your case is RETURNED to NYSOH to review this document [REDACTED] [REDACTED] to determine if this is sufficient proof of your household's income.

Decision

The December 16, 2016 eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to review your 2015 amended tax return [REDACTED] to determine if this is sufficient proof of your household's income.

Effective Date of this Decision: May 03, 2017

How this Decision Affects Your Eligibility

This decision does not change your and your spouse's eligibility.

Your case is being sent back to NYSOH to review income documentation you previously submitted to determine if this is sufficient proof of your household's income, to satisfy the request for income documentation per the April 14, 2017 notice of eligibility determination.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

Health Insurance Marketplace

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061

- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 16, 2016 eligibility determination is AFFIRMED.

This decision does not change your and your spouse's eligibility.

Your case is RETURNED to NYSOH to review your 2015 amended tax return [REDACTED] to determine if this is sufficient proof of your household's income.

Your case is being sent back to NYSOH to review income documentation you previously submitted to determine if this is sufficient proof of your household's income, to satisfy the request for income documentation as the April 14, 2017 notice of eligibility determination.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye b&tumi ama wo obi a okyer& kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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